

# **EXHIBIT A**

## Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Register of Copyrights, United States of America

Short Form TX  
For a Nondramatic Literary Work  
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 6-380-824



#TX006380824

Effective Date of Registration

JUN 20 2006

Application Received

JUN 21 2006

Deposit Received

One Two

Fee Received

Examined By

SLM

Correspondence



TYPE OR PRINT IN BLACK INK. DO NOT WRITE ABOVE THIS LINE.

Title of This Work:	1	Akzidenz-Grotesk Pro Bold Condensed		
Alternative title or title of larger work in which this work was published:				
Name and Address of Author and Owner of the Copyright:	2	Berthold L.L.C. 47 W. Polk St. #100-310 Chicago, IL 60605 U.S.A.		
Nationality or domicile: Phone, fax, and email:		Phone (312) 493-2517	Fax (866) 743-0501	Email ip@bertholdtypes.com
Year of Creation:	3	2006		
If work has been published, Date and Nation of Publication:	4	a. Date May	1	2006
		Month	Day	Year
	b. Nation U.S.A.	(Month, day, and year all required)		
Type of Authorship in This Work:	5	<input checked="" type="checkbox"/> Text (includes fiction, nonfiction, poetry, computer programs, etc.) <input type="checkbox"/> Illustrations <input type="checkbox"/> Photographs <input type="checkbox"/> Compilation of terms or data		
Check all that this author created.				
Signature:	6	<i>I certify that the statements made by me in this application are correct to the best of my knowledge.* Check one:</i> <input type="checkbox"/> Author <input checked="" type="checkbox"/> Authorized agent <i>x - Melissa M. Hunt, VP + Gen. Counsel</i>		
Registration cannot be completed without a signature.				
Name and Address of Person to Contact for Rights and Permissions: Phone, fax, and email:	7	<input type="checkbox"/> Check here if same as #2 above.  Phone ( ) Email		

OPTIONAL

8

Name ▼  
Berthold L.L.C.  
Number/Street/Apt ▼  
47 W. Polk St. #100-310  
City/State/ZIP ▼  
Chicago, IL 60605

Complete this space only  
if you currently hold a  
deposit account in  
the Copyright  
Office.

9 Deposit Account # DA92905  
Name Berthold L.L.C.

DO NOT WRITE HERE

Page 1 of 1 pages

\*17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

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Register of Copyrights, United States of America

**Short Form TX**  
For a Nondramatic Literary Work  
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

**TX 6-380-812**



TX0036398912\*

Effective Date of Registration

**JUN 20 2006**

Application Received

**JUN 20 2006**

Deposit Received

One **JUN 20 2006** Two

Fee Received

Examined By

*SJM*  
Correspondence

TYPE OR PRINT IN BLACK INK. DO NOT WRITE ABOVE THIS LINE.

<b>Title of This Work:</b>		<b>1</b>	Akzidenz-Grotesk Pro Light Condensed		
Alternative title or title of larger work in which this work was published:					
<b>Name and Address of Author and Owner of the Copyright:</b>		<b>2</b>	Berthold L.L.C. 47 W. Polk St. #100-310 Chicago, IL 60605 U.S.A.		
Nationality or domicile: Phone, fax, and email:		Phone (312) 493-2517		Fax (866) 743-0501	
Email ip@bertholdtypes.com					
<b>Year of Creation:</b>		<b>3</b>	2006		
<b>If work has been published, Date and Nation of Publication:</b>		<b>4</b>	a. Date May	1	2006
			Month	Day	Year
		b. Nation U.S.A.	(Month, day, and year all required)		
<b>Type of Authorship in This Work:</b>		<b>5</b>	<input checked="" type="checkbox"/> Text (includes fiction, nonfiction, poetry, computer programs, etc.) <input type="checkbox"/> Illustrations <input type="checkbox"/> Photographs <input type="checkbox"/> Compilation of terms or data		
Check all that this author created.					
<b>Signature:</b>		<b>6</b>	I certify that the statements made by me in this application are correct to the best of my knowledge.* Check one: <input type="checkbox"/> Author <input checked="" type="checkbox"/> Authorized agent <i>X (Signature of Marybeth Peters, VP + Gen. Counsel)</i>		
Registration cannot be completed without a signature.					
<b>Name and Address of Person to Contact for Rights and Permissions:</b> Phone, fax, and email:		<b>7</b>	<input type="checkbox"/> Check here if same as #2 above.  Phone ( ) Email		

**OPTIONAL**

**8**

Certificate will be mailed in window envelope to this address:

Name ▼  
Berthold L.L.C.  
Number/Stree/Apt ▼  
47 W. Polk St. #100-310  
City/State/ZIP ▼  
Chicago, IL 60605

Complete this space only  
If you currently hold a  
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**9** Deposit Account # DA92905  
Name Berthold L.L.C.

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